

State Primary Care Grants Program
Reporting Instructions and Tables, and as amended

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PROGRESS REPORT PURPOSES

Progress Reports have two purposes:

- Progress Reports provide information that the Office of Primary Care and Rural Health (PCRH) must provide to the Legislature in a Final Progress Report.
- Progress Reports are intended to be a self-evaluation of the Project's progress. If the Legislature appropriates funds for State Fiscal Year (SFY) 2006-2007, the Midterm Progress Report due April 14, 2006 (covering October 1, 2005 through March 31, 2006) may be a required part of the SFY 2006-2007 grant application. One of the criteria for future grant awards will be the timeliness and completeness of the submitted progress reports.

PROGRESS REPORT DUE DATES

Progress Report Schedule and Coverage	
Date Progress Report Due to DEPARTMENT	Grant Period Covered by Report
Midterm Progress Report: April 14, 2006	October 1, 2005 through March 31, 2006
Final Progress Report: October 31, 2006	October 1, 2005 through September 30, 2006

The PCRH reserves the right to request additional information and/or corrections to the Midterm Progress Report and the Final Progress Report *before* the *final* GRANT payment is authorized. The Midterm Progress Report and Final Progress Report may also be submitted by the following methods, as long as they are followed by the original report:

- Facsimile Progress Reports will be accepted as meeting the deadline if the time stamp on the facsimile as it is received at PCRH is prior to 11:59 p.m. on the day they are due. This may be different from the date stamp of the outgoing fax machine, so allow additional time for the difference. The fax number is **(801) 538-6387**.
- Hard copies will be accepted as meeting the deadline if they are received through the U.S. mail on the date they are due. The mailing address is:

**Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005**

Hard copies will be accepted as meeting the deadline if they are received through a non-U.S. Mail package system or hand delivered to PCRH by 5:00 p.m. on the due date. The street address is:

**Office of Primary Care and Rural Health
Utah Department of Health
288 North 1460 West, Second Floor
Salt Lake City, Utah 84116**

PENALTIES

A penalty of \$100.00 per work day may be assessed for late or incomplete Midterm Progress Report. A penalty of \$150.00 per work day may be assessed for a late or incomplete Final Progress Report. The penalty may be assessed until a complete, accurate report has been submitted and approved. It must contain **all** the information specified in these Reporting Instructions and Tables including the identifying information, financial information, all the narrative information required for that reporting period, and correct statistical tables. If GRANTEE funds have already been expended, these penalties may be applied to future grant awards given to a GRANTEE under the State Primary Care Grants Program.

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Final Progress Report - State Primary Care Grants Program
Reporting Period: October 1, 2005 through September 30, 2006

Name of Grantee _____

Name of individual responsible for completing this report _____

Telephone number (_____) _____

1. Encounter ¹ information

Baseline Data for Your Agency		Primary Care Grant Encounters	
Total number of encounters ¹ for your "Agency's" most recent fiscal year	Projected total number of encounters ¹ for the period 10/01/05 - 09/30/06 **	Total number of primary care grant patient encounters ¹ 10/01/05 - 09/30/06	Number of new primary care grant patient encounters ¹ 10/01/05 - 09/30/06

** **Note:** Do not include primary care grant encounters for which SFY 2004-2005 funding was requested.

**For the Following Tables Please Use Actual Figures, or
Best Estimates of Users Funded by the Grant.**

2. Users ² by Age, October 1, 2005 through September 30, 2006

Age Groups	Number of Users ²
0 - 19	
20 - 64	
65 and over	
Total Users ²	

3. Users ² by Income Level, October 1, 2005 through September 30, 2006

Percent of Poverty Level	Number of Users ²
100% and below	
101 - 200%	
Above 200%	
Unreported/unknown	
Total Users ²	

1 "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

2 Users are defined as "Eligible Individuals," who received at least one face-to-face encounter October 1, 2005 through September 30, 2006.

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Name of individual responsible for completing this report _____

Telephone number (_____) _____

4. Total Users² by Insurance Status, October 1, 2005 through September 30, 2006

Number Users² Uninsured	Number Users² Underinsured

5. Users² by Race/Ethnicity, October 1, 2005 through September 30, 2006

Race/Ethnicity	Number of Users²
Asian	
American Indian or Alaska Native	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Hispanic or Latino	
Other	
Unreported or Unknown	
Total Users²	

6. Please summarize the self-declared goals and objectives including quality of care for the period October 1, 2005 through September 30, 2006. (In answering this question, you should also refer to your Midterm Progress Report.).
7. Describe how your organization has met the objectives of your Application, and if the objectives have not been met, please explain.
8. Please provide evidence of the sustain ability of your organization.
9. *Optional:* If there is other information that you would like to provide about your Grant objectives and implementation of those objectives, or the need for your Program, please describe (no more than one paragraph).

1 "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

2 Users are defined as "Eligible Individuals," who received at least one face-to-face encounter October 1, 2005 through September 30, 2006.

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Midterm Progress Report - State Primary Care Grants Program
Reporting Period: October 1, 2005 through March 31, 2006

Name of Grantee _____

Name of individual responsible for completing this report _____

Telephone number (_____) _____

Due April 14, 2006
Please Limit to No More than 2 Pages Total

1. Encounter¹ information

Baseline Data for Your Agency		Primary Care Grant Encounters	
Total number of encounters ¹ for your " Agency's " most recent fiscal year	Projected total number of encounters ¹ for the period 10/01/05 - 09/30/06 **	Total number of primary care grant patient encounters ¹ 10/01/05 - 03/31/06	Number of new primary care grant patient encounters ¹ 10/01/05 - 03/31/06

** **Note:** If a continuation project, do not include primary care grant encounters for which SFY 2004-2005 funding was awarded.

2. Please comment on your progress in meeting the objective(s) of your Application *to date*; and state any concerns that you may have in meeting those objectives (organization's self-evaluation of Project).

3. Describe how your ability and willingness to systematically review the quality of care are being demonstrated.

Please Return Midterm Progress Report to us at:

Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005